

Name  
in  
Full

Howard A Brightwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Town Raccoon Branch Carroll Co., Md.

MARYLAND

Date of death 1905 Month May Day 30<sup>th</sup> Years 23 Months 2 Days .

Sex Male Color or Race Caucasian

Birth-place Near Liberty Coper

Occupation Farm Hand

Where Residing if not  
at place of death

Watersville

Married, Single  
or Widowed Single

Name of Wife or  
Husband

Father's Name James B Brightwell

Father's Birthplace Liberty

Mother's Maiden Name Emma R Stultz

Mother's Birthplace Middleburg

Name of person giving  
Information Joseph Wagoner

House related  
to deceased  
None at all

CAUSES OF DEATH

Primary

Suicide

How long

six days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

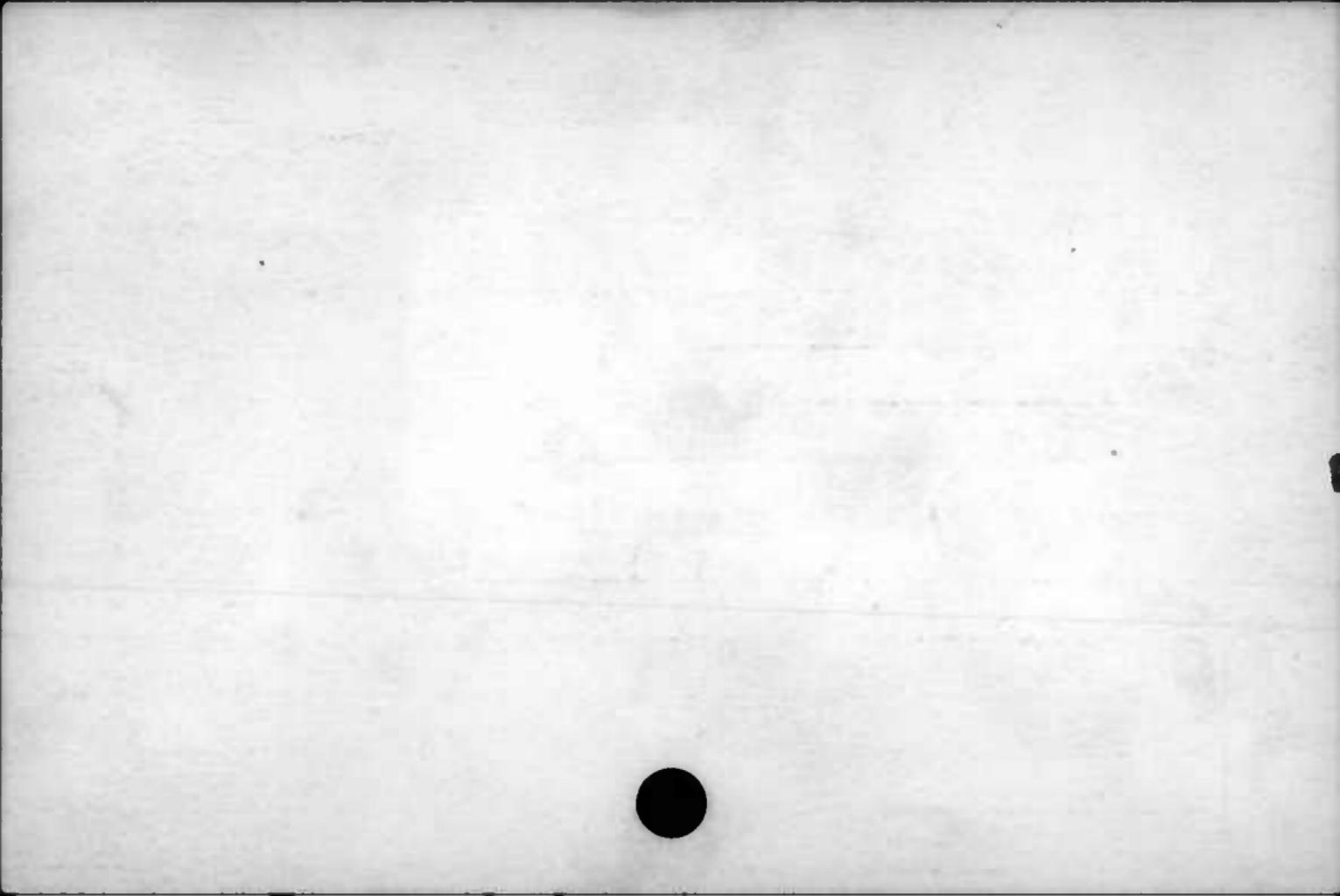
Signature of  
Physician

Laleb Cross Jr.

Address Mt Airy Md

Accident or Suicide?

(Signature) (Signature)



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Sarah. Elizabeth. Browning ✓

CERTIFICATE OF DEATH

Died at <u>Sykesville</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>29</u>	Years <u>60</u>	Age <u>60</u>	Months <u>3</u>	Days <u>9</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Sykesville</u>				
Occupation <u>House Keeper</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John Thompson</u>	Father's Birthplace <u>Howard Co</u>					
Mother's Maiden Name <u>Rebecca Shropley</u>	Mother's Birthplace <u>Carroll Co</u>					
Name of person giving information <u>Wm C. Dixon</u>	How related to deceased <u>No</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Malignant Carcinoma

How long

About 2 yrs

Immediate

Effects of same

How long

About 1 mo

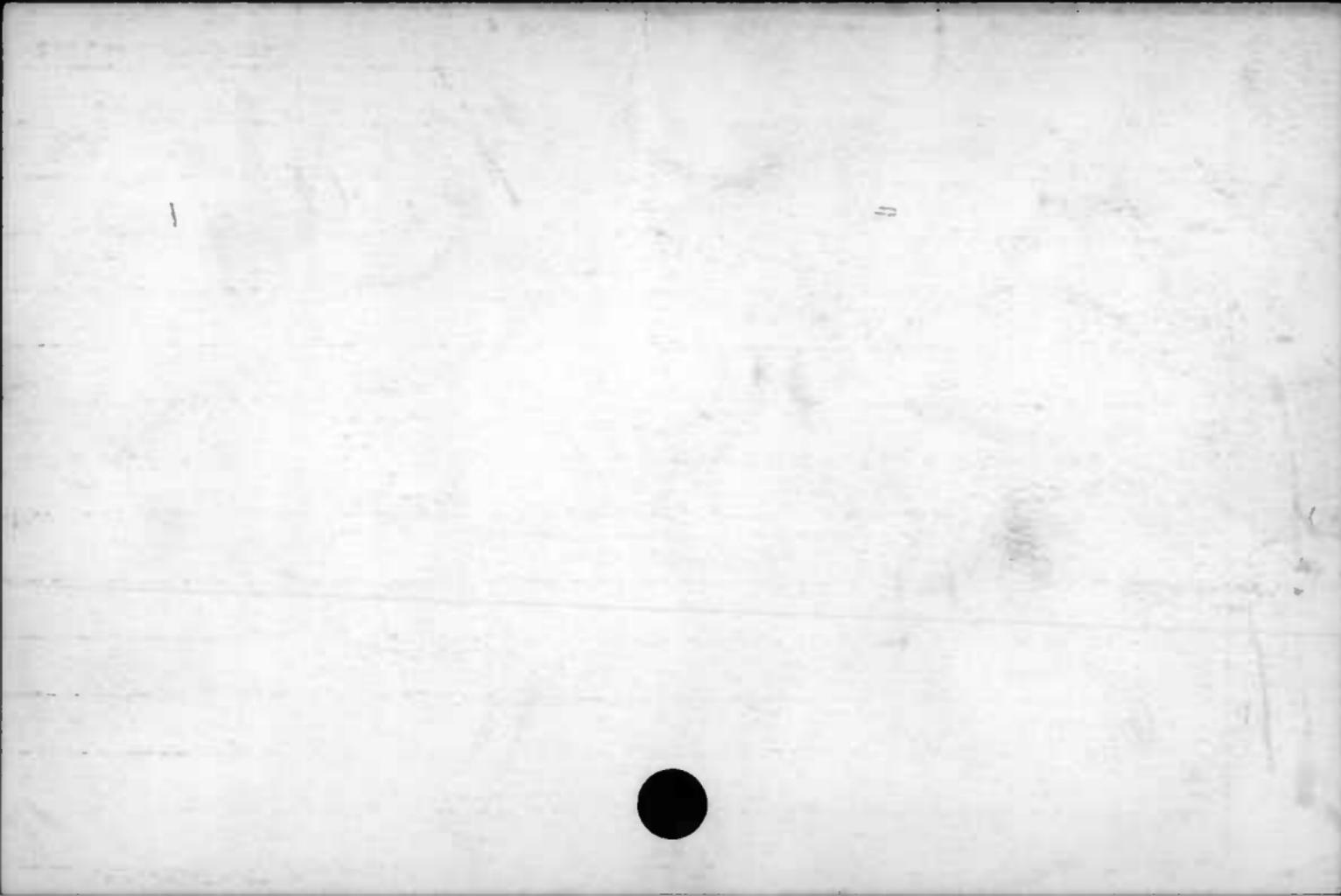
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. H. Steffinger  
Sykesville  
Md.

Accident or Suicide?



Name  
in  
Full

Albertine Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	White	Birth-place	N.Y.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Mrs. Albertine Clayton			
Father's Name	?		Father's Birthplace	J		
Mother's Maiden Name	?		Mother's Birthplace	J		
Name of person giving information	Hosp. history		How related to deceased	.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Paralysis

How long

20 months

Immediate

General Deterity

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

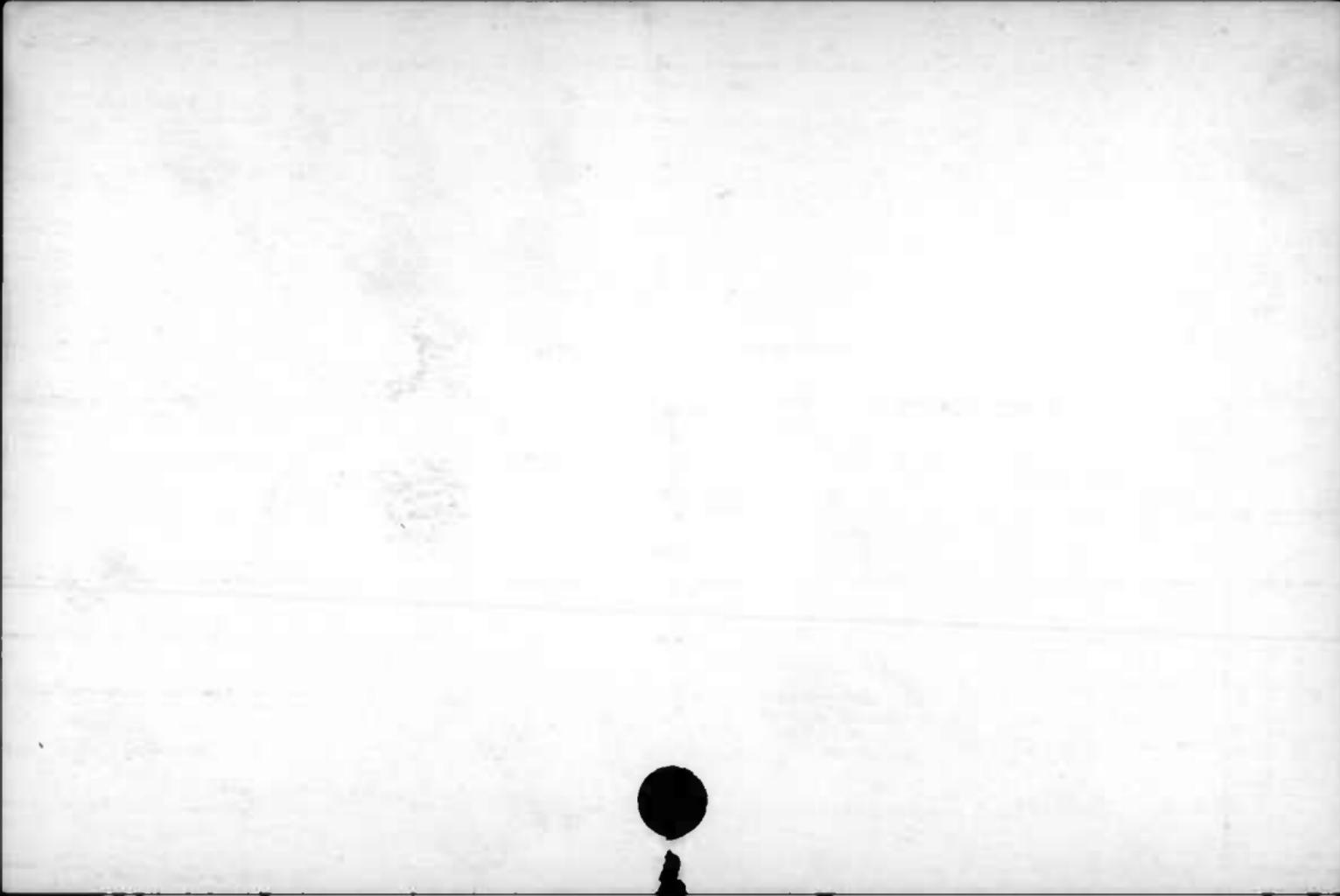
Signature of Physician

H.C. Shire M.D.

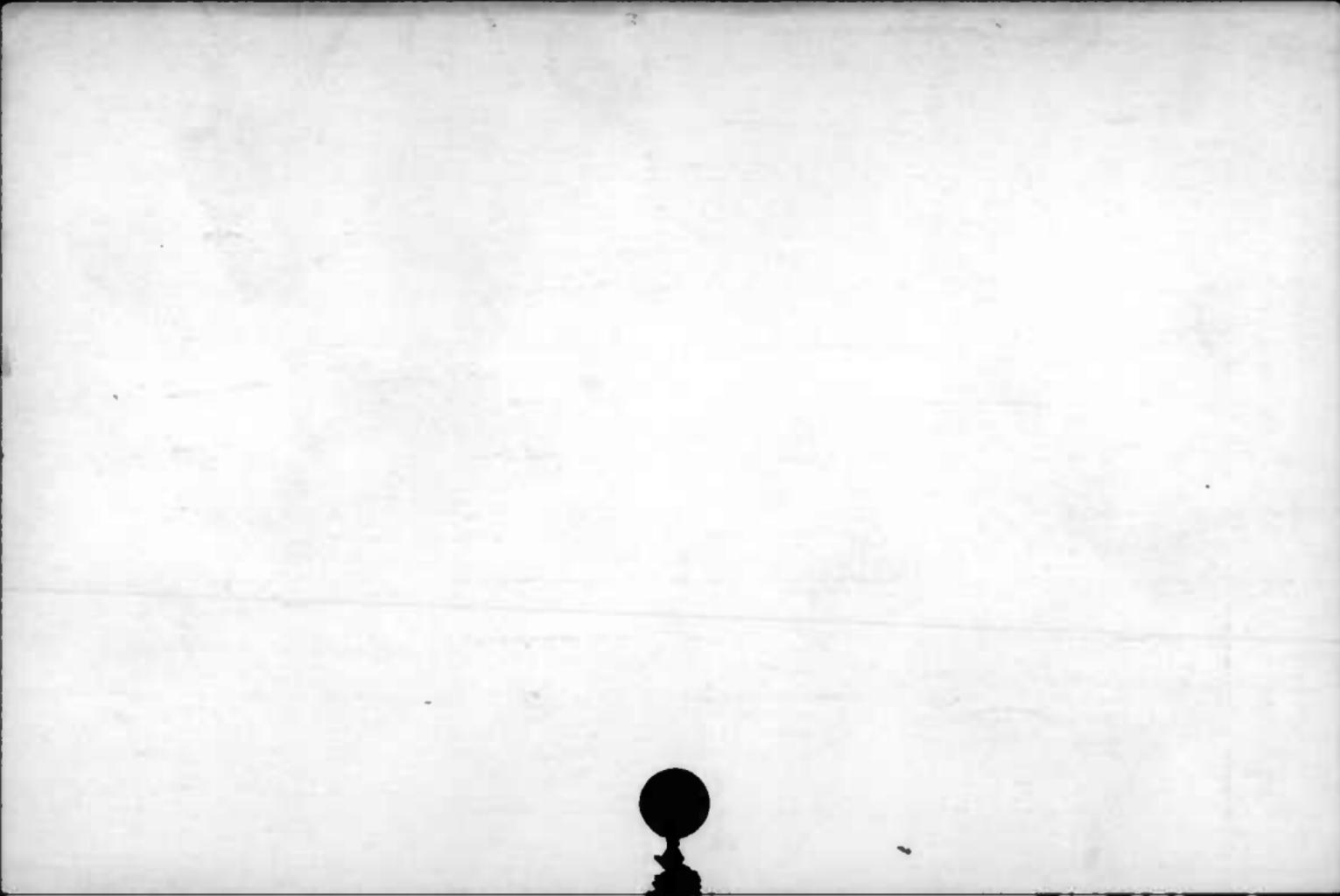
Address

Sykesville  
Md

Accident or Suicide?







Name  
in  
Full

Ellsworth Cofencharan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Westminster		Carroll			
Date of death	Month	Day	Years	Months	Days
1905	May	30	—	—	—
Sex	Color or Race	Where Residing if not at place of death			
Male	white	—			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	Chas. T. Cofencharan		Father's Birthplace	Carroll Co	
Mother's Maiden Name	Elizabeth - Leffert -		Mother's Birthplace	" "	
Name of person giving information	Chas. T. Cofencharan		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still born	8.	How long
Immediate	—	—	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Jos. J. H. '940</i>
		Address	<i>Wachell 9 M<sup>9</sup></i>
Accident or Suicide?			



Catharine Jemimah Burress

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months
1905	May	14	—	3 Days
Sex	Female	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	William A. Burress			
Mother's Maiden Name	Sallie Shaefer			
Name of person giving information	Harley C. Sticks			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Eclampsia Infantum

How long

12 hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

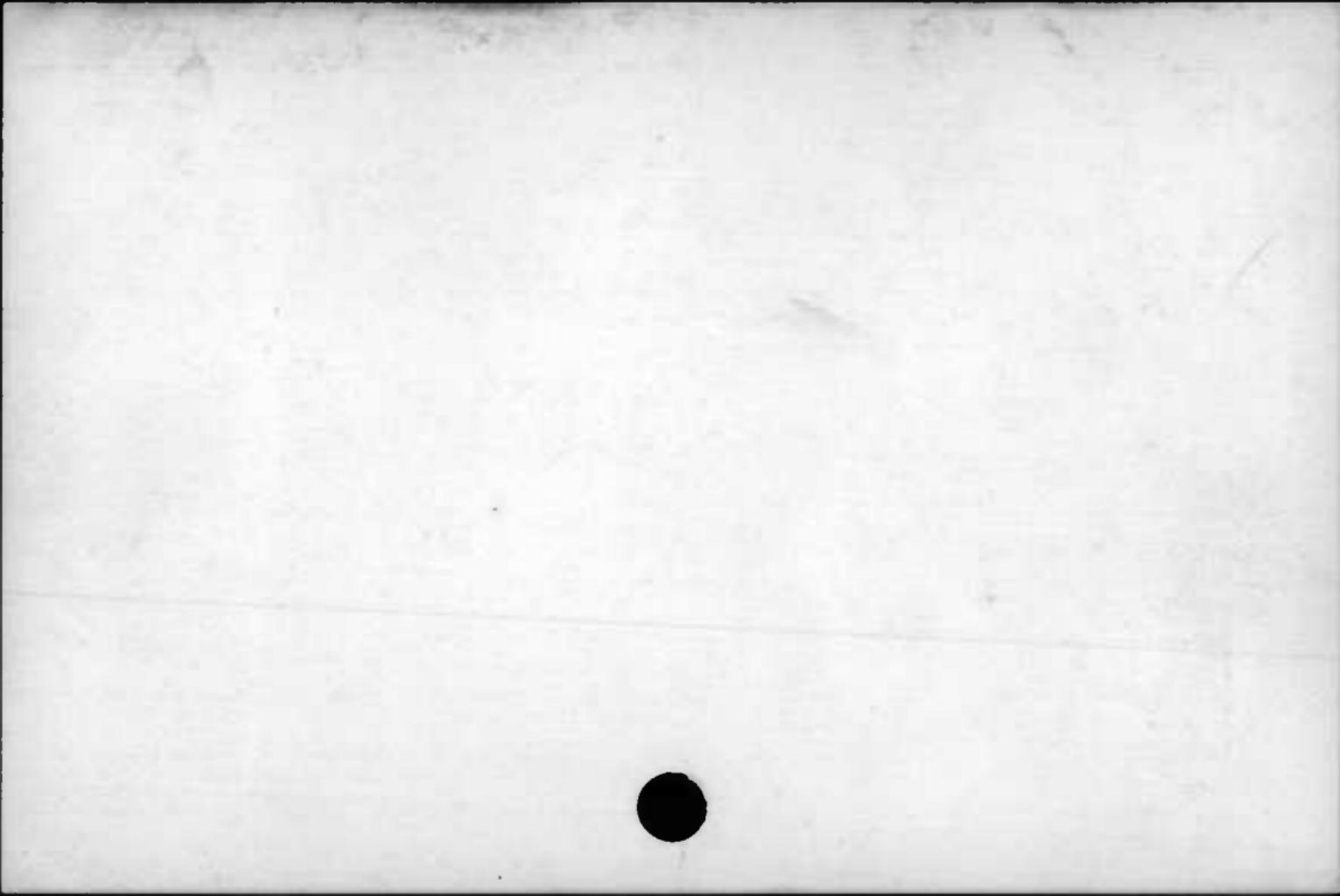
Signature of Physician

Address

Sherley C. Sticks  
Glenville

York Co. Pa.

Accident or Suicide?



Name  
in  
Full

621  
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant child  
Town  
Died at Westminster

Dodson  
County  
Carroll

CERTIFICATE OF DEATH

MARYLAND

Date  
of death 1905 Month May Day 19 Age — Months — Days —

Sex

male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph Dodson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary. Gelisick

Mother's  
Birthplace

66

Name of person giving  
Information

Joseph Dodson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Still born

8.

How long

—

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Joe. J. H. H.  
Westmunt  
MD

Accident or Suicide?

St Johns  
Shore

Name  
in  
Full

William Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation	Male	Colored	Carroll Co		
Married, Single or Widowed	Married	Name of Wife or Husband	I have		
Father's Name	Nelson Edwards		Father's Birthplace	Fred K. Lee	
Mother's Maiden Name	Grover Alford		Mother's Birthplace	Carroll Co	
Name of person giving Information	Nelson Edwards		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis. One year	
Immediate	Hemorrhage 1/2 hour	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	—	

Lehas R. Foutz  
Westminster  
Md.

Ellsworth, com.  
Stones.

Name  
in  
Full

Samuel Erb

CERTIFICATE OF DEATH

619

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Westminster</u>		County <u>carroll</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>May</u>	Day <u>9</u>	Age <u>73</u>	Months <u>8</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>carroll Co Md</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Ellen C. Erb</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>John Erb</u>	Father's Birthplace <u>carroll Co</u>			
Father's Name <u>John Erb</u>	Mother's Birthplace <u>" "</u>				
Mother's Maiden Name <u>Annie Wackett</u>	Name of person giving information <u>Ellen C. Erb</u>				
How related to deceased <u>wife</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Struck by train.

How long

100  
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

William Moore  
acting Coroner Westminster

Accident or Suicide?

Accident

*St. Beaufortius*

Name  
in  
Full

Allen Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Westminster</u>		County <u>carroll</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>May</u>	Day <u>2</u>	Years <u>70</u>	Months	Days	<u>2</u>
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>carroll Co</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eliza R. Franklin</u>					
Father's Name <u>Jackson Franklin</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Hannah Smith</u>	Mother's Birthplace <u>Baltimore</u>					
Name of person giving Information <u>Eliza Franklin</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

Primary

Chronic Nephritis

  
How long 3004 mos.

Immediate

Asthma - Exhaustion

How long 1 week

Are the name, age, sex, color, date and place correctly given above?

yes

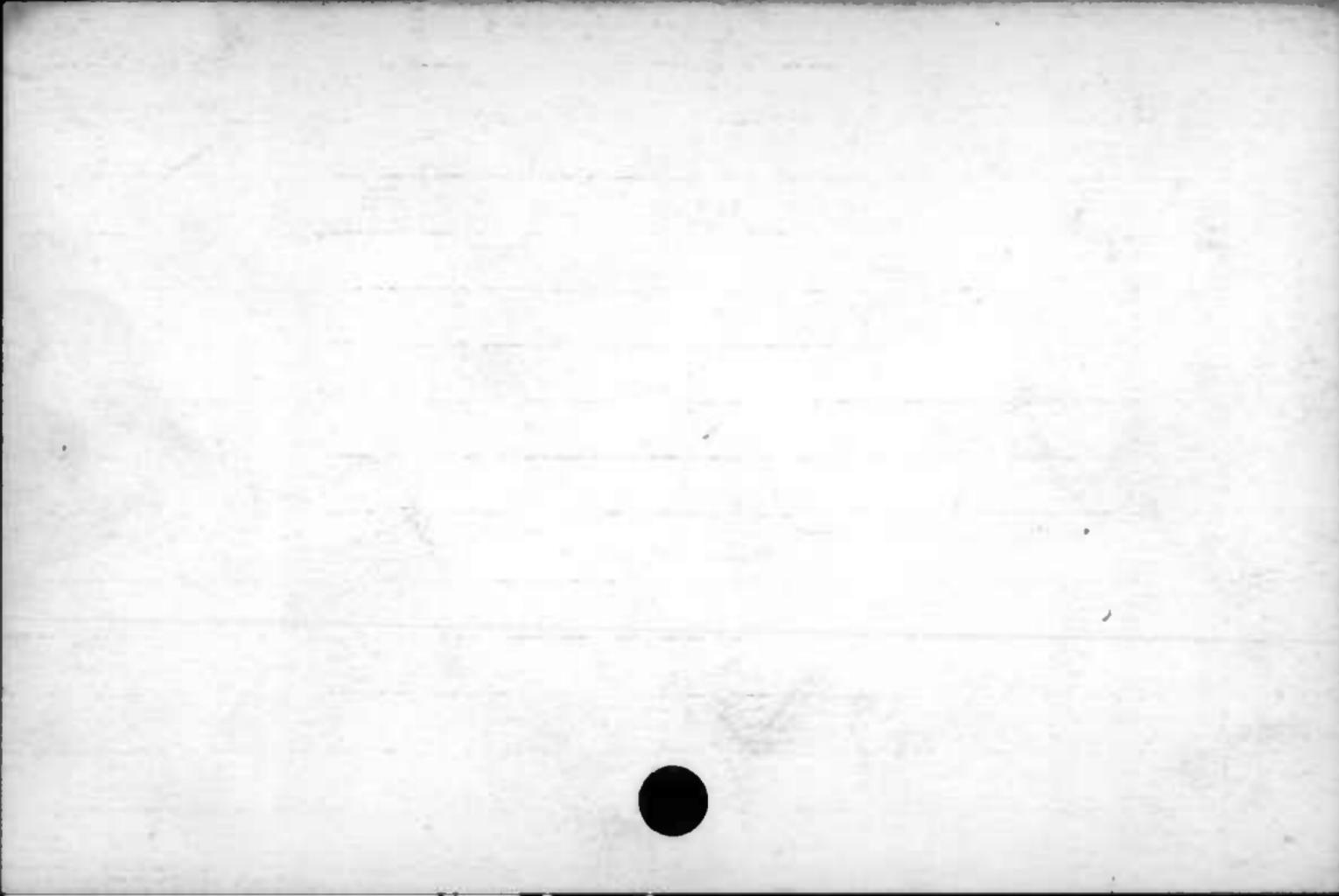
Signature of Physician

Address

Eliza R. Goutz

Westminster  
Maryland

Accident or Suicide?



Name  
in  
Full

Edward Fulerman

CERTIFICATE OF DEATH

626

To BE ANSWERED BY  
NEAREST FRIEND

Died at Twn		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	May	31	Age	—	5 hours
Sex	Male	Color or Race	White	Birth-place	Carroll Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Harry Fulerman		Father's Birthplace	Carroll Co	
Mother's Maiden Name	Elizabeth McCarley		Mother's Birthplace	Balto-60,	
Name of person giving information	Harry Fulerman		How related to deceased	Foster.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cyanosis

How long

— 2 hr

Immediate

"

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jos. J. King  
West 7th  
269

Accident or Suicide?



Name  
in  
Full

621  
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR NURSE

# Anna Mary Gauthier

## CERTIFICATE OF DEATH

MARYLAND

Died at <u>Westminster</u>		Town	County <u>Carroll</u>	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>19</u>	Years <u>5-3</u>	Months <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Age	Birth-place <u>Maryland</u>	Days <u>12</u>
Occupation	Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Elustian A. Gauthier</u>			
Father's Name <u>Powell</u>	Giggard			
Mother's Maiden Name <u>Susan Essig</u>	Father's Birthplace <u>Germany</u>			
Name of person giving Information <u>George Gauthier</u>	Mother's Birthplace <u>do</u>			
How related to deceased <u>Jora</u>				
CAUSES OF DEATH				
Primary	<u>Aphoplexy.</u> <input checked="" type="checkbox"/>			
Immediate	<u>Haemorrhage</u>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<u>W. S. Grashis</u>		
		Address		
		<u>Administr</u>		
Accident or Suicide?		<u>Md.</u>		

Accident or Suicide?

Leucis church

Leucis church

Name  
in  
Full

Mary Elizabeth ~~Anderson~~ Harbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sam L. Harbaugh - (Deceased)			
Father's Name	Jacob Anders -				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Nervous Cataract & Age*

How long *Ms. Deloroh 15yrs*

Immediate *General debility*

How long *6 months*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

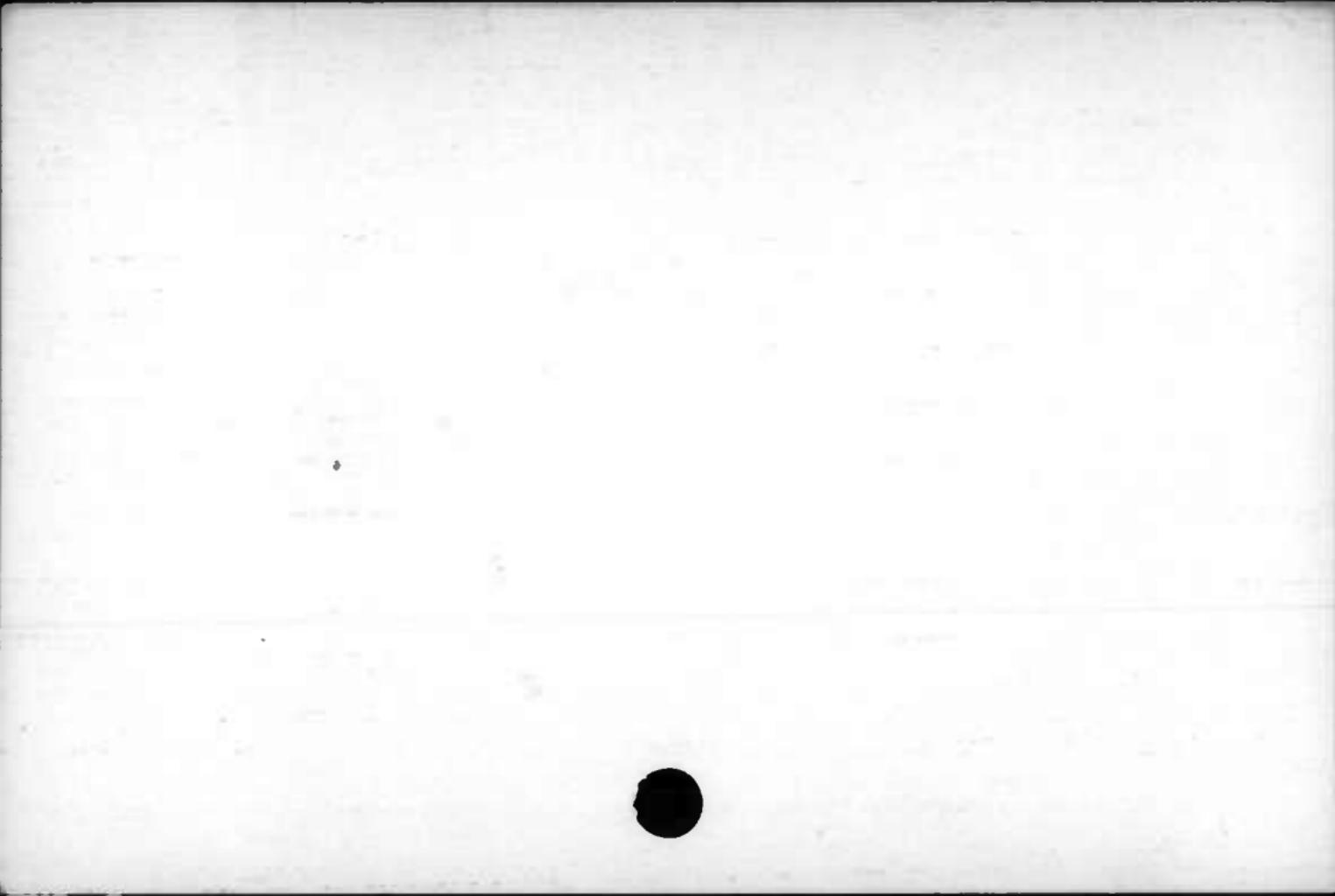
*R. H. Miller.*

Address

*Dr. R. Miller.*

*Maryland,*

Accident or Suicide?



Name  
in  
Full

Pauline Memorial Helwig

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Silver Run

County

carroll

MARYLAND

Date  
of death

1905

Town

Month

5

Day

26

Years

—

Months

11

Days

26

Age

Sex

Female

Color or  
Race

white

Birth-  
place

Silver Run

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Andrew P. Helwig

Father's  
Birthplace

Pleasant Valley

Mother's  
Maiden Name

Mary Shuey

Mother's  
Birthplace

Lyon

Name of person giving  
Information

How related  
to deceased

None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senitition

How long

Immediate

convulsions

How long

10 Hours

Are the name, age, sex, color, date  
and place correctly given above?

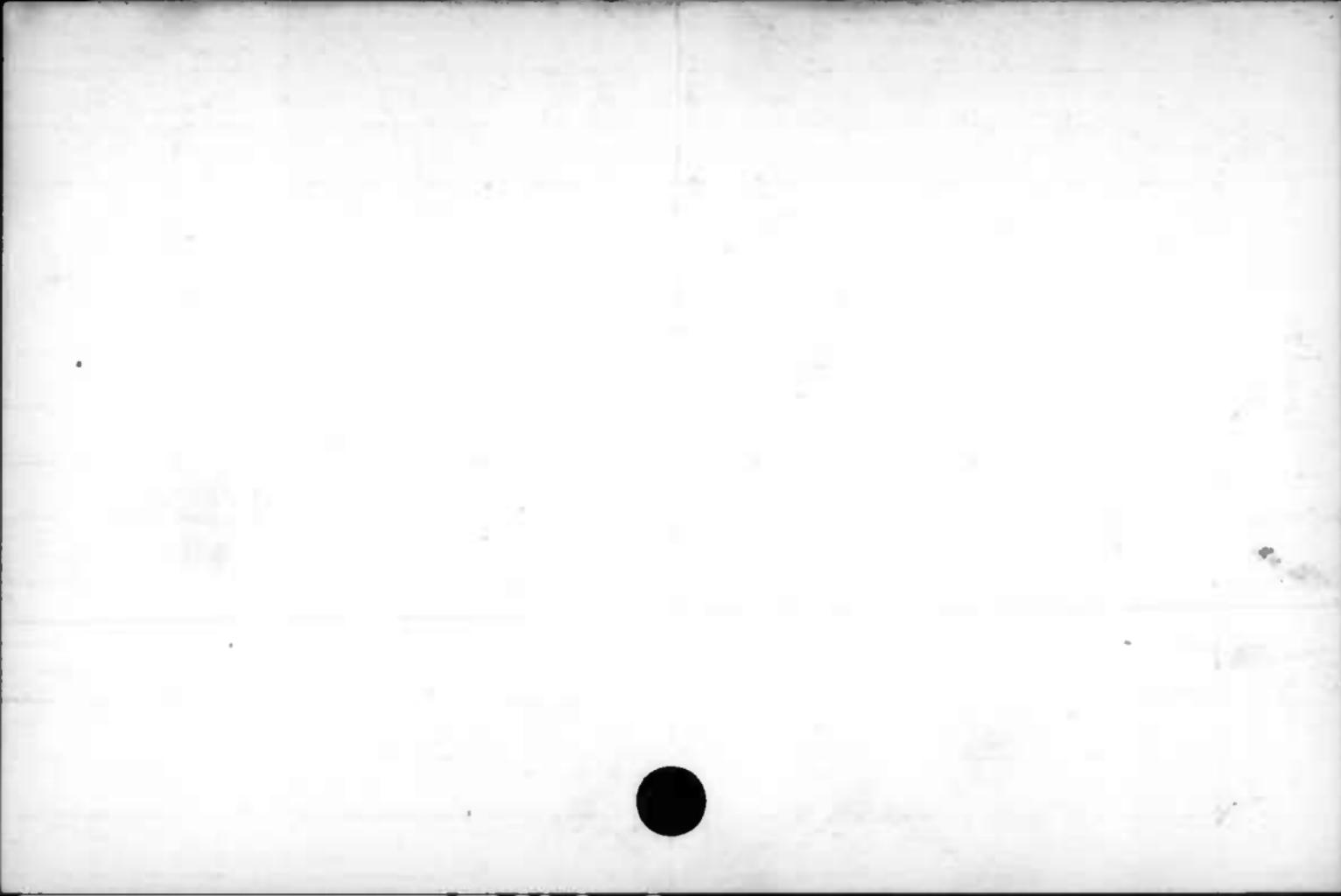
Yes

Signature of  
Physician

Address

Dr. J. S. Marshall,  
Silver Run Md.

Accident or Suicide?



Name  
in  
Full

Conrad King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Carroll		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1905	May	25	93		5	5	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Widower		Name of Wife or Husband				
Father's Name	John L King		Father's Birthplace				
Mother's Maiden Name	Anna Lewis		Mother's Birthplace				
Name of person giving Information	Louis King		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

L J Lewis

Mt airy Md  
Under Taken



Name  
in  
Full

John McCollister

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Years	Age	Months	Days
1906	May	1	65	65		
Sex	Male	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death					
Married or Widowed	Name of Wife or Husband					
Father's Name	!					Father's Birthplace
Mother's Maiden Name	!					Mother's Birthplace
Name of person giving information	Dan McCollister					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Arthritis

How long

1 yr

Immediate

Exhaustion.

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

yes

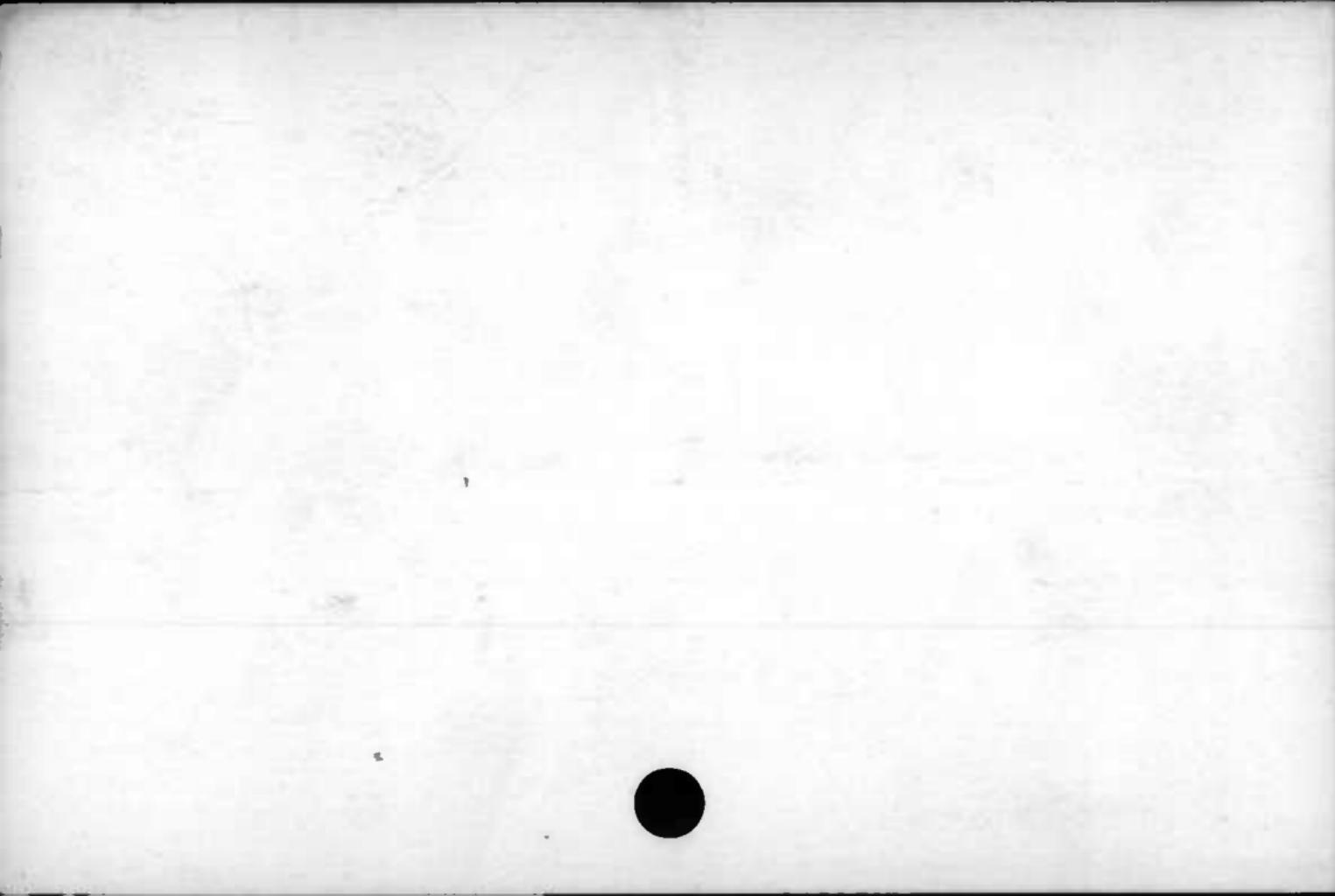
Signature of Physician

Address

W.C. Shinn M.D.

Sykesville MD

Accident or Suicide?



Amanda Mercier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race		white		Birth-place		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Gustavus Mercier		Morgan			
Father's Name	Thomas Beasman		Carroll Co.		Carroll Co.		
Mother's Maiden Name	Mary Elder		Carroll Co.		Carroll Co.		
Name of person giving Information	Virginia B Reynolds		Daughter		Daughter		

## CAUSES OF DEATH

Primary

Senile Debility -

How long

3 1/2 yrs.

Immediate

Senile Debility

How long

3 1/2 yrs.

Are the name, age, sex, color, date and place correctly given above?

yes

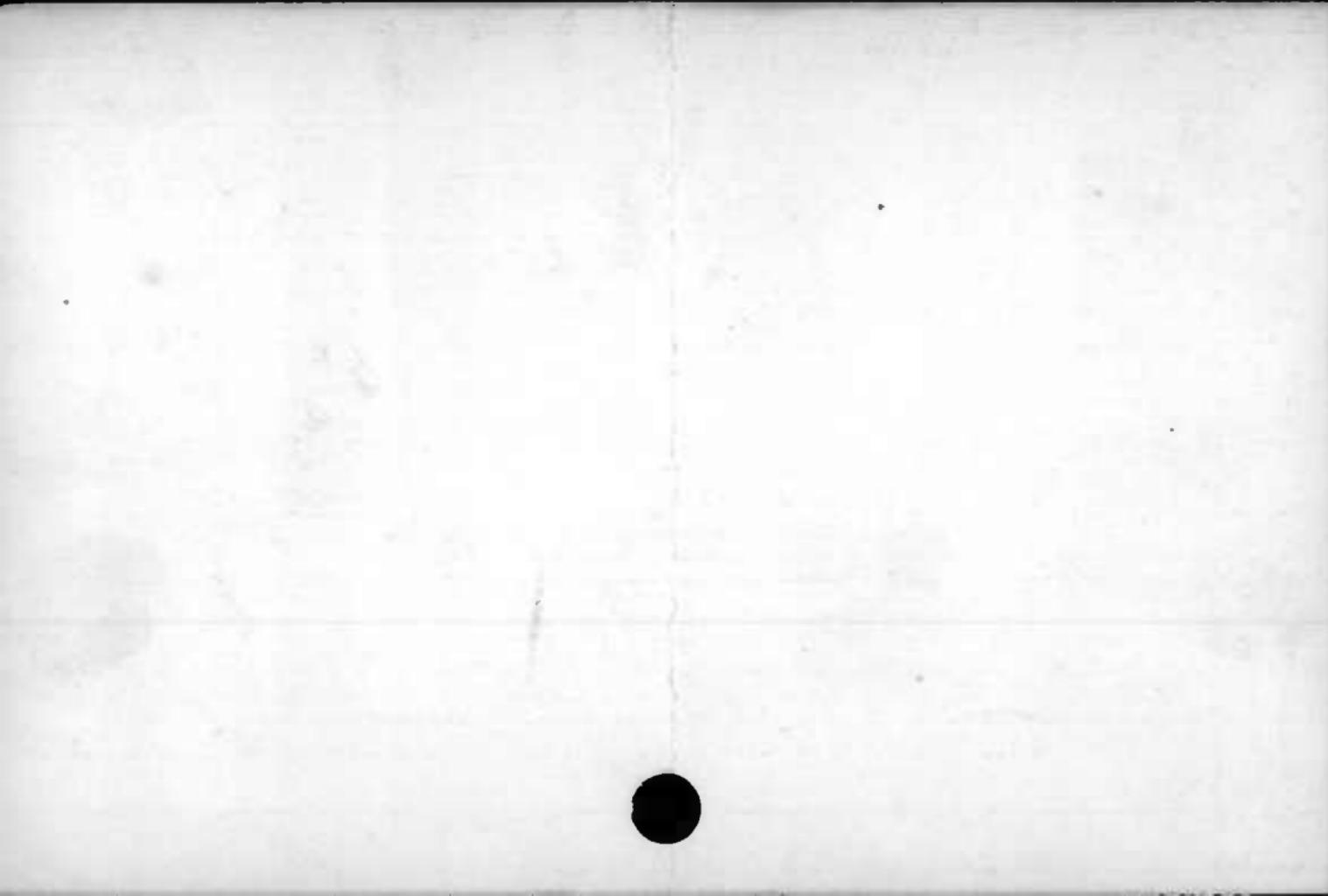
Signature of Physician

E. D. Lerock

Address

Winfield  
Carroll Co. Md.

Accident or Suicide?



Name  
in  
Full

Theodore J. Myers

CERTIFICATE OF DEATH

620  
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Fayzellburg</b>		County <b>carroll</b>		MARYLAND	
Date of death <b>1905</b>	Month <b>may</b>	Day <b>17</b>	Age <b>38.</b>	Years	Months <b>8.</b> Days <b>26</b>
Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>Carroll Co</b>			
Occupation <b>Farmer</b>	Where Residing if not at place of death <b>Koontz</b>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Mattie</b>	<b>Myers</b>			
Father's Name <b>Jacob Myers Jr.</b>	Father's Birthplace <b>Carroll Co</b>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <b>Mattie Myers</b>	How related to deceased <b>Wife.</b>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER.

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

J. Benjamin's

John Benjamin's

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

6-1

Grove C. Reese

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

cranberry

Carroll

Date  
of death

1905

Month

May

Day

11

Years

19-

Months

7

Days

3

Sex

male

Color or  
Race

white

Birth-  
place

Md.

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Abraham Reese

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Eliza Stansbury

Mother's  
Birthplace

Md.

Name of person giving  
Information

Mattie Reed

How related  
to deceased

Cousin

CAUSES OF DEATH

✓ 5

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Chas. R. Goutz,  
Westminster  
Md.

suicide

Accident or Suicide?

St. Domingo

Name  
in  
Full

Bessie F. Shauer

CERTIFICATE OF DEATH

626

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	21	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George F. Shauer			
Father's Name	Lewis Arnold				
Mother's Maiden Name	Margaret Arthur				
Name of person giving information	Geo F. Shauer				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Quintal Septicemia

How long

6 days

Immediate

Hep/haemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Wm O'Weller  
Westminster

Address

Accident or Suicide?

Sandy Mount

---



Name  
in  
Full

Elzaius A. Shue

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 5	Day 26	Years 67	Months 9	Days 17	
Sex	Male	Color or Race	White	Occupation	Maryland		
Married, Single or Widowed	Married	Under-taker					
Name of Wife or Husband	Mary Shue						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Granville Shue Son						

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary *Uranic Conscious* *no* How long

Immediate *Central Hemorrhages* *2 da* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Elzaius M. Bush*  
*Hampstead, Md*

Accident or Suicide?



Name  
in  
Full

Bridget Silk -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Sykesville	Carroll		Months	Days
Date of death	1905	Month	Day	Years
	May		23 <sup>rd</sup>	58
Sex	Female	Color or Race	White	Birth-place
Occupation	Domestic	Where Residing if not at place of death	Springfield State Hospi.	
Married, Single or Widowed	Widow	Name of Wife or Husband	Unknown -	
Father's Name	unknown		Father's Birthplace	-
Mother's Maiden Name	"		Mother's Birthplace	-
Name of person giving information	-		How related to deceased	-

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

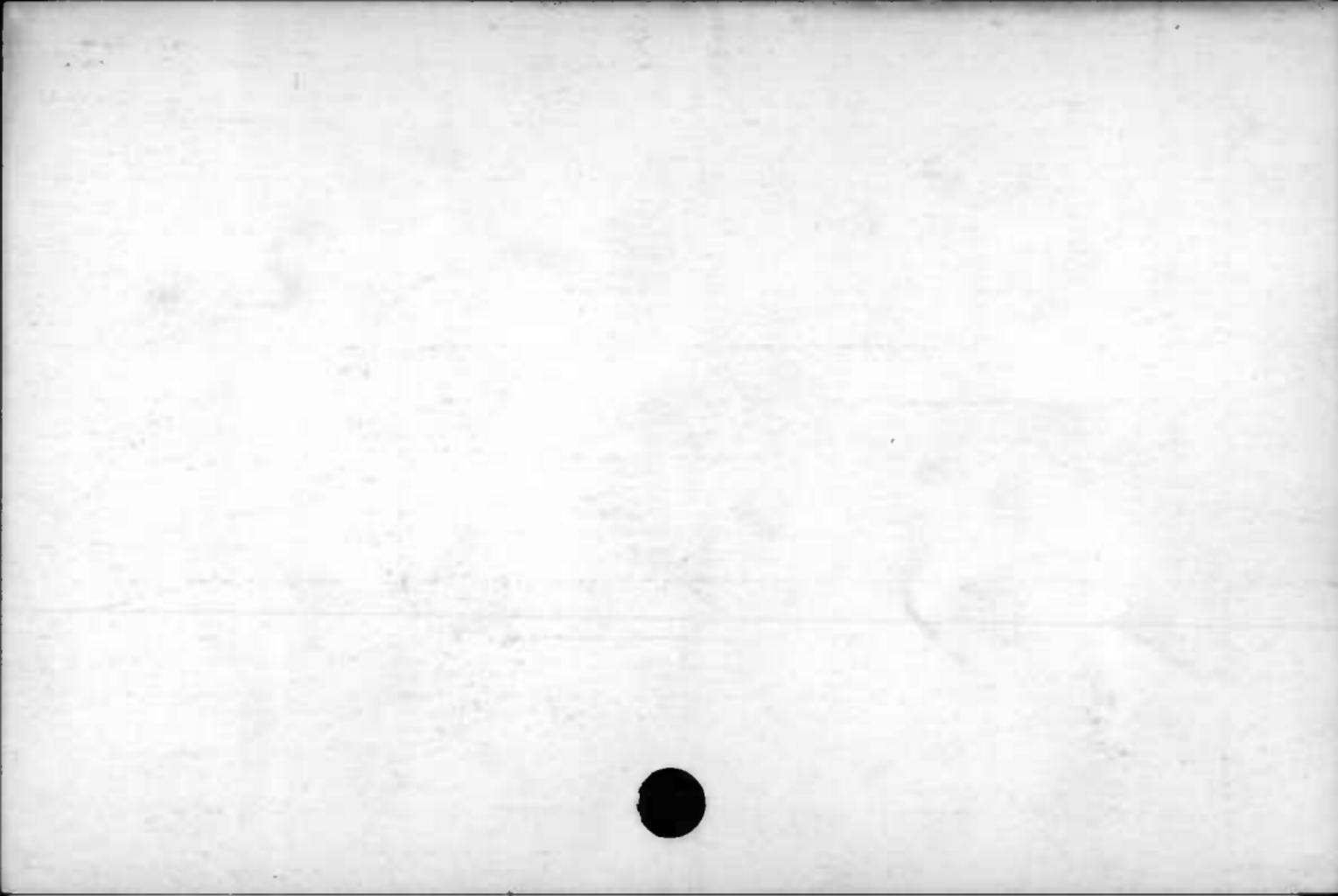
Primary	Arterio-Sclerosis -	How long	?
Immediate	Cerebral abscess	How long	?
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	

Yes -

Charles J. Hill - M.D.  
Springfield State Hospital  
Sykesville - Carroll Co. Md.



Accident or Suicide? No -



Mannie Viola Webster

Died at	Town	County	MARYLAND
Lumbro	Carroll		
Date 1885	Month May	Day 21	Native of Maryland
Male	Age 1	Y. M. D. 28	Occupation <input checked="" type="checkbox"/>
Female	White	Married	Widow <input type="checkbox"/>
	Colored	Single	Widower <input type="checkbox"/>
			Number of children living

Husband of

Wife

Father's Name

Elmina E Webster

Mother's Name

Sarah C Walker

Cause of Death

Primary

Death

Immediate

Dentition and

Complications

How long sick

3 weeks

Accident, Suicide, Homicide

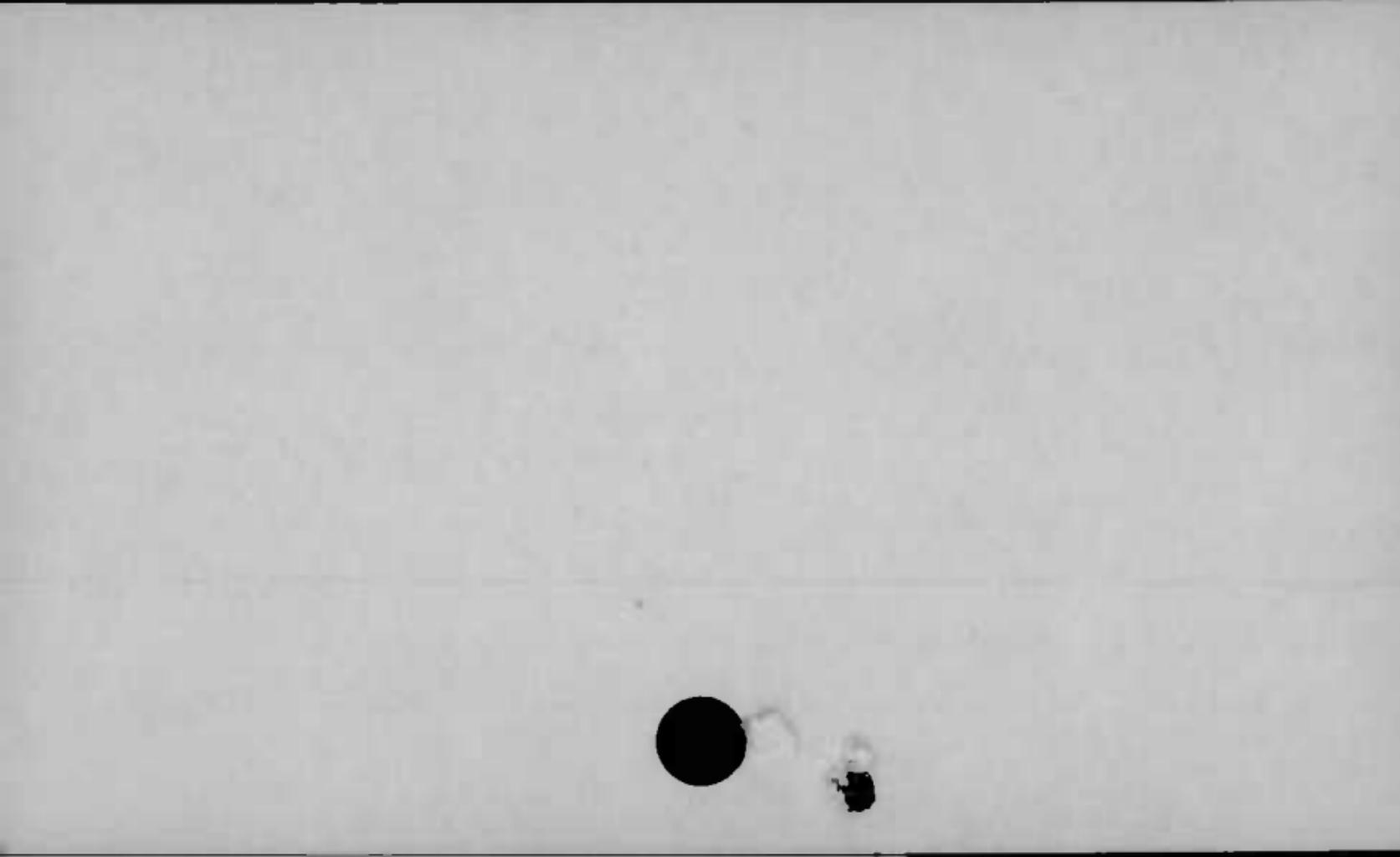
Reported by

Address

J H Sherman M.D.

Chambley Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Margaret Went

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>near Finebros</b>				County <b>Carroll</b>
Date of death 190	Month <b>May</b>	Day <b>4</b>	Years <b>76</b>	Months
Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>Md</b>		
Married, Single or Widowed <b>Widow</b>	Occupation			
Name of Wife or Husband <b>Edward Went</b>				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

**Paralysis**

How long

**6 days**

Immediate

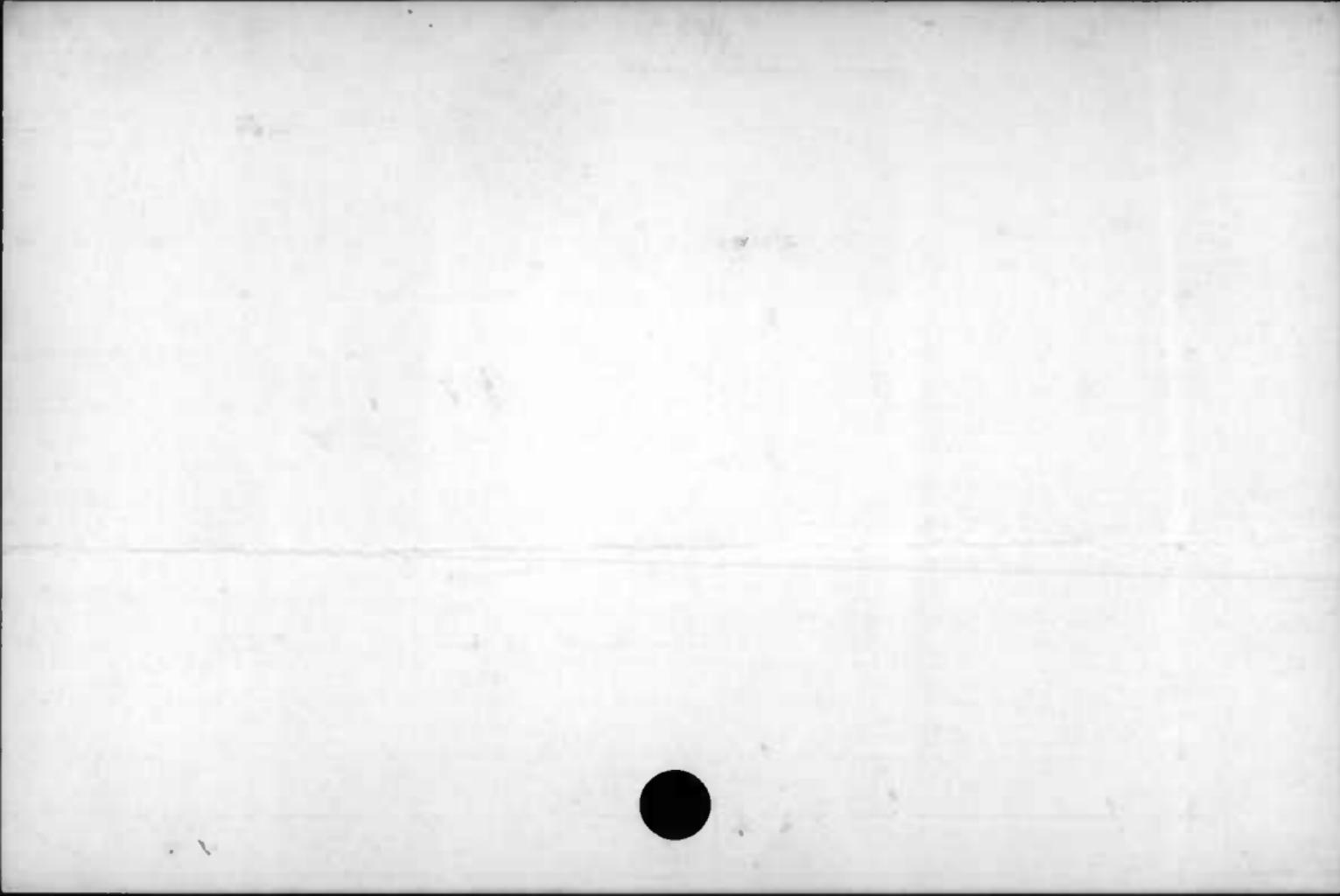
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

**G F W Miller**  
**Finebros. undertaker**

Accident or Suicide?



<i>John Woodyard</i>					CERTIFICATE OF DEATH		
Died at		Town <i>Westminster</i>	County <i>Carroll</i>		MARYLAND		
Date of death	1905	Month <i>May</i>	Day <i>8</i>	Years <i>48</i>	Months <i>7</i>	Days <i>10</i>	
Sex	Male	Color or Race <i>colored</i>			Birth-place <i>Md.</i>		
Occupation	<i>Laborer</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Mary Simpson</i>					
Father's Name	<i>Reuben Woodyard</i>		Father's Birthplace <i>Md.</i>				
Mother's Maiden Name	<i>Emma Woodyard</i>		Mother's Birthplace				
Name of person giving information	<i>Emma Woodyard</i>		How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

Primary

*Tuberculosis of Lungs*

How long

*6 mo.*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*John R. Tracy  
Westminster  
Md.*Accident or Suicide?

Ellowards